



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

May 16, 2011

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

Community Transformation Grants, \$4002, \$4201. Announced 5/13/11. Funds will help communities implement projects proven to reduce chronic diseases. Grants will focus on five areas: 1) tobacco-free living; 2) active living and healthy eating; 3) evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol; 4) social and emotional wellness, such as facilitating early identification of mental health needs and access to quality services, especially for people with chronic conditions; and 5) healthy and safe physical environments. Eligible entities include state and local government agencies, tribes and territories, and state and local non-profit organizations. Over \$100 million is available for up to 75 awards. Applications are due 7/15/11.

Read the funding announcement at: [Grants](#)

Read the HHS press release at: <http://www.hhs.gov/news/press/2011pres/05/20110513b.html>

2011-2012 National Health Service Corps (NHSC) Scholarship Program. \$5207.

Announced 5/10/11. Funding to expand the future primary care workforce by helping students complete their education and encouraging work in primary care. Full scholarships will be awarded to full-time students to fund their tuition and other reasonable educational costs, including assistance in finding a practice site. In return, recipients must serve one year in an approved high-need Health Professional Shortage Area (HPSA) for each year of financial support received (minimum of two years of service). Full-time students at accredited schools pursuing medicine, dentistry, nursing, and primary care physician assistant programs who are

U.S. citizens or nationals able to work in the U.S. are eligible to apply. \$28M total is available to fund approximately 120 awards. Applications are due 6/9/11.

Scholarship information and application can be found at: [NHSC](#)

Grant Activity

5/9/11 DPH submitted an application to the Centers for Disease Control (CDC) for supplemental funding in four program areas under §4002 of the ACA, **Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance**. In the first area, DPH proposes to strengthen the link between the state's immunization information system and the electronic health records (EHS) used by community providers. In the second area, DPH will develop a vaccine ordering system that is compatible with CDC's ordering and management system. In the third area, DPH will implement billing systems for immunization services in local health departments. In the fourth area, DPH will increase adult vaccination rates. Approximately \$75,750,000 in funds among 81 awards total is available.

The grant narrative can be read on our website under the Grants and Demonstrations section at: [MassGov](#)

Guidance

5/9/11 CMS issued a proposed rule regarding the 2012 hospice wage index rule that includes a 2.3% payment update and implements a **hospice quality reporting program** included in the ACA. The proposed regulation also tweaks the ACA-required "face-to-face" encounter, saying the agency will allow the encounter to be conducted by any physician, rather than only the certifying doctor. The rule implements certain provisions contained in the ACA, including portions of §3401, 3132, 3004 and 10326. Comments are due 6/27/11.

Read the rule at: <http://www.gpo.gov/fdsys/pkg/FR-2011-05-09/pdf/2011-10689.pdf>

Read the press release: [CMS](#)

Prior guidance can be viewed at: www.healthcare.gov

News

5/13/11 The Medicare Trustees released a report that shows that without implementation of the reforms in the ACA, the Medicare Hospital Insurance (HI) Trust Fund would expire in five years. However, while the report shows that the **ACA reforms add eight years of solvency to Medicare** many challenges remain in securing the long term financial health of the program. For example, expenditures for the Supplementary Medical Insurance (SMI) Trust Fund were lower than expected this year. The Medicare Trustees are Treasury Secretary and Managing Trustee Timothy F. Geithner, HHS Secretary Kathleen Sebelius, Labor Secretary Hilda L. Solis, and Social Security Commissioner Michael J. Astrue. The two public representatives appointed by the President and confirmed by the Senate, are Charles P. Blahous III and Robert D. Reischauer. CMS Administrator Berwick is designated as Secretary of the Board.

The report is available at: <http://www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2011.pdf>

Read the blog post by Secretary Sebelius at:

<http://www.whitehouse.gov/blog/2011/05/13/strengthening-social-security-and-medicare>

5/12/11 CMS issued a new report that outlines **nearly \$120 billion in savings for Medicare resulting from improvements to the Medicare program**, including implementation of ACA provisions to help reduce fraud, waste, and abuse in the Medicare system and to reform payment systems to reward high quality care. Additional health care

delivery system reforms that contribute to the savings achieved through 2015 include: improving patient safety, reducing excessive Medicare payments to insurance companies and getting the best value for durable medical equipment for Medicare beneficiaries and taxpayers. The report also highlights steps CMS is taking to realize long-term savings.

Read the report at: <http://www.cms.gov/apps/files/medicare-savings-report.pdf>

Read the blog post by Nancy-Ann DeParle, White House Deputy Chief of Staff at:

<http://www.whitehouse.gov/blog/2011/05/12/making-medicare-stronger-improving-care-saving-money>

5/11/11 HHS announced a series of initiatives to work with states to save money and better coordinate care for the 9 million Americans enrolled in both Medicare and Medicaid (known as "dual eligibles"). The new initiatives, which will be led by the Federal Coordinated Health Care Office created under §2602 of the ACA, include **better access to Medicare data and better coordination of health care between Medicare and Medicaid**. The Alignment Initiative, launched by the Federal Coordinated Health Care Office, is an effort to more effectively integrate benefits under the two programs. HHS also announced a new process that provides faster state access to Medicare data to support care coordination. As part of the Alignment Initiative, HHS is requesting comments by 7/11/11 on opportunities to more effectively align benefits and incentives to prevent cost-shifting and improve access to care under the Medicare and Medicaid programs for dual eligibles.

The notice can be viewed at: <http://www.gpo.gov/fdsys/pkg/FR-2011-05-16/pdf/2011-11848.pdf>

The announcement of the new policy on state Medicare data for enrollees in Medicare and Medicaid can be read in a Center for Medicaid, CHIP and Survey & Certification (CMCS) Informational Bulletin.

The Bulletin is available at:

<http://www.cms.gov/CMCSBulletins/downloads/Coordinated-Care-Info-Bulletin.pdf>

For more information about these announcements, visit: www.cms.gov/medicare-medicaid-coordination/

Read the HHS press release at: <http://www.hhs.gov/news/press/2011pres/05/20110510a.html>

5/10/11 HHS released **a new report about the cost of the uninsured** that confirms that most of the nation's uninsured American's are unable to pay their hospital bills. The study finds that most uninsured families will only pay for about 12% of potential hospital visits and those that are uninsured whose incomes are above 400% FPL will only pay for 37% of their hospitalizations, leaving expenses with providers or other payers, such as state and federal government and private insurers. The report shows that most families do not have enough savings to pay for a single hospitalization, leaving them at greater risk of financial catastrophe than lacking car insurance or homeowner's insurance. In 2008, the uninsured cost approximately \$50 billion in unpaid hospital bills.

Read the report at: <http://aspe.hhs.gov/health/reports/2011/ValueofInsurance/rb.shtml>

5/9/11 The **Federal Trade Commission (FTC)** held a **workshop on its proposed statement of policy, issued jointly with the Department of Justice (DOJ), on the forming of Accountable Care Organizations (ACOs)** to discuss how the federal antitrust agencies will enforce U.S. antitrust laws when competing health care providers create new ACOs under the ACA. The moderated discussion included agency representatives as well as a variety of industry stakeholders, ranging from health care providers and insurers, to academics and policy experts. The FTC/ DOJ joint proposed Policy Statement can be found at:

<http://www.ftc.gov/os/fedreg/2011/03/110331acofrn.pdf>

Comments are due 5/31/11.

The ACO proposed rule can be found at: <http://www.gpo.gov/fdsys/pkg/FR-2011-04-07/pdf/2011-7880.pdf>

Comments are due 6/6/11.

The FTC press release for the workshop can be found at:

<http://www.ftc.gov/opa/2011/05/acoworkshop.shtm>

The FTC webinar can be found at: [http://http.earthcache.net/htc-](http://http.earthcache.net/htc-01.media.qualitytech.com/COMP008760MOD1/FTC_WM/050911_FTC/index.htm)

[01.media.qualitytech.com/COMP008760MOD1/FTC_WM/050911_FTC/index.htm](http://http.earthcache.net/htc-01.media.qualitytech.com/COMP008760MOD1/FTC_WM/050911_FTC/index.htm)

5/5/11 The Robert Wood Johnson Foundation (RWJF) released a plan to provide states with resources to implement key health insurance coverage provisions of the ACA and said it seeks to have 95% of Americans enrolled in health insurance coverage by 2020. The foundation will offer technical assistance, research, consumer engagement, online networking and leadership development to help states expand and improve coverage. Technical assistance will be provided to states through a new State Health Reform Assistance Network. The foundation will focus initially in 10 states to work on setting up exchanges, instituting insurance market reforms and expanding Medicaid. The states selected in the initial phase are Alabama, Colorado, Maryland, Michigan, Minnesota, New Mexico, New York, Oregon, Rhode Island and Virginia. The foundation will also work with researchers and analysts to monitor and analyze the progress of state coverage gains.

For more information, visit the RWJF at:

<http://www.rwjf.org/newsroom/product.jsp?id=72289>

Upcoming Events

Next Quarterly Stakeholder Meeting

Patient Protection and Affordable Care Act Implementation meeting

Tuesday June 21, 2011 from 3:00-4:00 P.M.

1 Ashburton Place, 21st floor, Boston

Don't forget to add our website to your favorites: www.mass.gov/nationalhealthreform